ARKANGEL UNIVERSITY
SCHOOL OF MEDICINE

Financial Aid Application Form

Section 1 Personal Information *Please print clearly*

Mr / Ms / Mrs (please circle one)

Full name

Date of Birth | Gender

Nationality

Permanent Address:

City | State/Province

Post Code | Country

Phone no

Email address

Section 2 Academic Information

Program of Study | Student ID (if applicable):

Year of Study | Expected Graduation Date

Enrollment Status ☐ Full-Time ☐ Part-Time | Current GPA

SSC Result | HSC Result

A Level | O Level

Section 3 Financial Information

Annual Household Income | Number of Dependents in Household

Are you currently receiving any scholarships or financial aid? ☐ Yes ☐ No

If yes, please specify:

Do you have any outstanding student loans? ☐ Yes ☐ No

If yes, please specify:

Section 5 Financial Aid Required (Student must pay at least 5% of their tution fees to be eligible for this financial support)

☐ For Scholarship ☐ For Loan ☐ Bursery

For Year	☐ 1/3 Tuition Fees	☐ 1/2 Tuition Fees	☐ Full Tuition Fees
For Year	☐ Half Tuition Fees	☐ 1/3 Tuition Fees	☐ Half Tuition Fees
For Year	☐ Half Tuition Fees	☐ 1/3 Tuition Fees	☐ Half Tuition Fees
For Year	☐ Half Tuition Fees	☐ 1/3 Tuition Fees	☐ Half Tuition Fees

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Section 4 Statement of Financial Need

Please provide a brief explanation of your financial situation and why you are requesting financial aid. Include any special circumstances that affect your ability to pay for your education

Section 5 Supporting Documents

Please attach the following documents to your application:

- ☐ Proof of income (e.g., tax returns, pay stubs)
- ☐ Bank statements
- ☐ Any additional documents supporting your financial need
- ☐ SSC and HSC Certificate
- ☐ A level and O level Certificate
- ☐ Any additional documents supporting your financial need

Section 6 Declaration and Signature

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in the denial of financial aid.

Applicant's Signature

Date

Parent/Guardian's Signature (if applicable)

Date

OFFICIAL USE

Granted by:
Name/Signature

Date /
Stamp

Financial Loan Return *If required*

Interest applied ☐ Yes ☐ No

After completing your course and starting your professional practice, you will have the opportunity to repay your loan to the University to repay your loan to the University Student Fund, helping future students access the same suppport.

Monthly US Dollar

Installment

Interest rate

Applicant's Signature

Date